



Windmill Policy On : **Complaints & Suggestions**

1. Complaints & Suggestions

We make every effort to give the best service possible to everyone who attends our practice. We welcome your comments and suggestions about our service.

We are aware that sometimes patients may feel that they have a cause for complaint. If you wish to make a complaint, please write to our Practice Manager as soon as possible and she will do her best to help.

Full details will be taken to allow appropriate investigations to be made. Our practice complaints procedure is not able to deal with questions of legal liability or compensation. We will use it to allow us to look into and, if necessary, correct any problems or mistakes that you have identified. Please note that we have a duty of confidentiality to patients – your consent will be necessary if someone else is making the complaint on your behalf.

Full details of our complaints procedure is available on our website.

2. Making a Complaint

Most problems can be sorted out quickly and easily, often at the time they arise with the person concerned and this may be the approach you try first. Where you are not able to resolve your complaint in this way and wish to make a formal complaint you should do so in writing as soon as possible after the event and ideally within a few days, as this helps us to establish what happened more easily. In any event, we request that this be within 12 months of the incident.

State your case clearly giving as much details as you can. If you are a registered patient you can complain about your own care. You are unable to complain about someone else's treatment without their written authority. We are able to provide you with a complaints form to register your complaint and this includes third-party authority to section to be signed by both parties.

Please send your written complain to:
The Practice Manager
The Windmill Medical Centre
Windmill Lane
New Street
Skerries
K34Y358

To: **The Practice Manager/The Partners**
Windmill Medical Centre
Skerries Point Med Ctr
Skerries
Co. Dublin K34TW26
Ph: - 01 8495500

From: - **Name:** _____
 Address: _____
 Date of Birth: _____ **Contact Telephone:** _____

Date of Visit: _____

Complaint: _____

Signature of Report maker: _____

Third Party Signature (If Applicable) _____
(must be signed by the complainant if form filled in by a family member)